



Department of Administration, Conference Room A  
One Capitol Hill, Providence  
1:00 pm – 2:30 pm  
January 21, 2014  
Meeting Minutes

**Attendees:** Christine Ferguson, HSRI Director; Geoff Grove, Vice-Chair; Peter Howland, Linda Katz, Mike Gerhardt; Patrick Quinn, Amy Zimmerman

**I. Call to Order**

Geoff Grove, Advisory Board Vice Chair, called the meeting to order and moved to approve the minutes from the December 17, 2013 Advisory Board meeting. The minutes were approved.

**II. Updates**

**A. RItE Care Parents – Outreach Update**

*Marti Rosenberg*

- i. Approximately 4,000 parents previously covered under RItE Care were auto-enrolled in NHPRI Value plan for coverage effective January 1, 2014
- ii. Applicants will have to verify information, receive a new eligibility determination, select a plan and pay to continue coverage for February 1, 2014
- iii. Outreach efforts
  - a. Letter mailed to auto-enrolled parents
  - b. Sign-up events planned
- iv. Weekly outreach strategy meetings with various stakeholders ongoing
- v. NHPRI has donated time at their computer center for sign-up events (with assisted enrollment)
- vi. Follow Ups/ Discussion
  - a. Need to confirm grace period for auto-enrollments (will enrollees have 90 days to verify their information from start of coverage?)
  - b. Board members would like to see data on how many people are enrolling vs. how many people are dropping coverage for February 1, 2014
    - i. *Enrollees are currently being tracked but data is subject to change and not yet final; enrollment data will be provided to the board as available*

- c. Board members would like more information on why parents are not enrolling (*Were their options unaffordable? Are they experiencing technical difficulties? Did applicants qualify for Medicaid or Exchange with income verification?*)
- d. Can auto-enrolled individuals be surveyed?

## **B. Enrollment Update**

*Christine Ferguson, HSRI Director*

**Data release as of January 4, 2014**

- i. Total HealthSource RI **enrollments** (including those who have not yet paid): 11,770
- ii. **Paid enrollments\***: 9,902 (\*paid Jan. 1 coverage enrollments through Jan. 8, 2014)
- iii. **Medicaid enrollments** (per EOHHS): 19,941
- iv. **Small employer applications initiated**: 925
- v. **Small employer enrollment**: 75
- vi. Enrollment Demographics
  - e. Gender**
    - Male: 5,366
    - Female: 6,404
  - f. Age**
    - Under 18: 657
    - 18-25: 1,092
    - 26-34: 1,660
    - 35-44: 1,735
    - 45-54: 2,703
    - 55 and older: 3,923
  - g. Plan Metal Level**
    - Catastrophic: 98
    - Bronze-level plan: 2,761
    - Silver-level plan: 6,645
    - Gold-level plan: 2,266
  - h. Carrier**
    - Blue Cross & Blue Shield of RI: 11,417
    - Neighborhood Health Plan of RI: 353
  - i. Financial Assistance**
    - No financial assistance: 1,545
    - Advanced premium tax credits (APTC): 4,899
    - APTC and cost-sharing reductions (CSR): 5,326

## **III. HSRI Contact Center Update**

*Meg Ivatts*

### **A. Customer Experience**

- i. Unexpectedly large volumes coming through the contact center

have been a challenge to manage, but demonstrate the importance of HSRI to Rhode Islanders

- ii. Customer patience, even with long wait times, shows the value of HSRI
- iii. Walk In Center volumes have far exceeded expectations; people are responding to in-person assistance
- iv. Anecdotal evidence suggests people want to “talk to someone” about their health plan options
- v. Health coverage selection is not an easy decision (over 40% of people call the contact center more than once, often calling back multiple times over the course of their enrollment)
  - 1. Tracking different reasons for calls, we have seen increases in customer assistance calls
  - 2. People call back for information about their enrollment once they are covered
  - 3. Continuous tracking of technical assistance calls to understand where people are getting “stuck” in the system and how we can improve these points and outreach to people stuck
- vi. Perceptions of the federal program have impacted HSRI
  - 1. Announcement that the federal marketplace was “fixed” caused a spike in contact center volumes 11/30
  - 2. Publicized federal deadline date 12/23 saw increased volumes
  - 3. Expect that we will continue to be affected by perceptions of the federal system and federal level announcements

## **B. Volumes**

- i. Call volumes were steady through October and November but spiked in December, reaching unexpected levels- from 3,000 calls a week in the beginning we jumped to 15,000 calls a week by mid-December
- ii. Walk In volumes have far exceeded expectations and have continued to increase since the start of December; at the highest level yet last week
- iii. About 25% of our walk ins and 10% of our calls are Spanish speaking customers
- iv. Data collection on walk ins began in November so we could try to understand heavy volumes (i.e., walk ins come from across the state, especially Providence county)
- v. Working to mitigate walk in wait times given unexpected volumes, but also seeing that customers are willing to wait and have shown great patience

### **C. Strategies for Improvement**

#### **i. Service Levels and Staffing**

1. Looking at service level stats constantly and trying to improve abandonment rate and wait times, even as call volumes increase
2. Increased staffing; class of 20 specialists are currently in training
3. Extended call hours (from 9pm close to 11pm close)
4. Introduced IVR menus that allow more precise channeling to specialists; need to evaluate effectiveness and customer satisfaction (some reluctance to move to IVR)
5. Increased the size of the walk in center from 4 to 9 consultation areas to allow for more customers to be serviced at once
6. Added to staffing with off-site team while new on-site staff is being trained

#### **ii. Technology Improvement Strategies**

1. Increased support from vendors and partner agencies (systems support provided by Deloitte and Medicaid policy support needed from DHS staff)
2. Identify and improve difficult process points
  - a. Goal is to increase percentage of customers who are able to complete process without repeated contact
  - b. Working closely with technology vendor to improve the eligibility and enrollment system and increase customer conversion rates
3. Outreach to customers experiencing technical problems
  - a. Email sent to customers with failed ID verification outlining process for application completion
  - b. Website to absorb some customer volume via self-service enrollment

### **IV. Public Comment**

Geoff Grove, Exchange Advisory Board Vice Chair, asked for public comment. Hearing none, the meeting was adjourned.